

DDS EXPRESS

1. COMPLETELY FILL IN ALL BLOCKS.

2. RETURN COMPLETED FORMS TO THE RESPAY OFFICE.

COMM:363-5781/5782/5783 AND 464-8041/8008

FAX:464-8327

*YOU SHOULD SEE RESULTS IN APPROXIMATLEY SIX WEEKS.

NAME: _____
(LAST) (FIRST) (MI)

RATE: _____ SSN: _____ - _____ - _____

HOME PHONE NUMBER () _____ RUIC: _____

UNIT NAME: _____

PLEASE PRINT INFORMATION CLEARLY

ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER (9 DIGITS)

TYPE OF ACCOUNT (CHECK ONE) CHECKING () SAVINGS ()

IS THIS A CHANGE TO YOUR DDS ACCOUNT (CHECK ONE) YES () NO ()

RESPAY OFFICE USE ONLY

RSTARS INPUT DATE: _____ DATE RECEIVED: _____